



DATE: June 13, 2014

TO: SUD Provider Network

FROM: Business Psychology Associates Provider Network Management

SUBJECT: Provider Withhold/Incentive Plan

BPA will be issuing the provider incentive payments in July for those agencies that have met the standards as monitored in the fourth quarter of state fiscal year 2014. This 5% incentive was established to monitor provider performance to consistent standards and ensure a high quality network that promotes excellence in care. Per the memo issued to providers in February 2014, the provider incentive for state fiscal year 2014 is based on the following components:

1. 80% of providers encounter notes entered into WITS within 5 business days from the date of service.
2. Providers must attend initial and quarterly WITS trainings and sign the attached attestation form.
3. Provider Manual – The SUD provider manual has been published on the BPA website. Providers will be required to sign an acknowledgement that they reviewed the SUD provider manual and send to BPA Provider Relations by June 30, 2014.

All three standards must be met for fourth quarter payout and each incentive payout thereafter. **Please submit the attached attestation to confirm attendance at the WITS Trainings as well as the SUD Provider Manual Attestation Form included on page 43 of the Provider Manual to Molly Zuniga (molly.zuniga@bpahealth.com) prior to June 30th.** We will be in contact with those providers who have not met the threshold for encounter notes to determine if technical assistance is necessary.

We will be adding two quality metrics from audits that consistently need improvement across the entire network as standards for the incentive in the coming fiscal year. We anticipate announcing these measurements before the end of the second quarter for implementation in the fourth quarter of state fiscal year 2015.

If you have any questions, please contact your Regional Coordinator below:

Contact information:

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BPA: Providing behavioral healthcare solutions that help people improve their lives.



SUD Provider WITS Training Attestation Statement

I _____, hereby attest that my agency
_____ attended a WITS training on
_____.

Sincerely,

Signature

Title

BPA: Providing behavioral healthcare solutions that help people improve their lives.

Email this completed form to molly.zuniga@bpahealth.com or fax to 208-344-7430.